

# **Commonwealth of Kentucky**

## **Cabinet for Health and Family Services**



## **How to request an account**

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# Setting up the account

To set up an account to access the provider portal through the security portal, you must:

- Provide demographic information
- Create a password
- Provide password reset information
- Select KICCSPROV as the application for which access is desired
- If you are the sole provider who will be working in the portal, or if you will have others to whom you assign tasks using the portal, type in the referrer e-mail field: patti.smithglover@ky.gov.
- If you are requesting an account under your administrator (the owner, corporate director, center director of the child care facility), use the e-mail address associated with your administrator's account. (Please contact your administrator for the e-mail address). **Your administrator must have an approved account before you may request one.**

All required sections of the accounts request page must be completed. Required fields are marked with a red asterisk (\*).

## Access the account request page

To access the account request page:

1. Enter the Web address of the **security portal** application. The application opens to the **sign in** page (<https://portalrequest.chfs.ky.gov/>).

The screenshot shows the 'Sign In' page of the Kentucky CHFS web applications portal. The header includes the Kentucky.gov logo and 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. A welcome message reads 'Welcome to CHFS web applications portal!'. A disclaimer states: 'This is state owned system and is the property of the Cabinet for Health & Family Services (CHFS). Any or all of the uses of this system may be monitored and recorded for security and quality purposes. Unauthorized and improper use of this system or the disclosure of its content (containing privacy and health information) may result in administrative disciplinary action and/or civil and criminal penalties under federal authority. By continuing to use this system you indicate your awareness of and consent to the terms and conditions of use.' Below the disclaimer are radio buttons for 'No, I Decline.' and 'Yes, I Accept.'. The 'Sign In' section contains fields for 'User Name:' and 'Password:', a 'Sign In' button, and links for 'Forgot your password?' and 'Want to sign up for account?'.

Figure 2.1.1 – Security portal sign in page

2. Click **want to sign up for account?** to open the **account request** page.

The screenshot shows the 'Account Request' page for the Kentucky Cabinet for Health and Family Services. The page has a blue header with the Kentucky.gov logo and navigation links. The main content area is titled 'Account Request' and includes a warning not to submit if an account already exists. It contains several sections: 'Request for Access' with a dropdown for 'Application' and a text field for 'Administrator's E-mail'; 'Account Information' with fields for First, Middle, and Last Name; Date of Birth; E-mail; Confirm E-mail; Address; City; State (a dropdown menu currently showing 'Kentucky'); Zip Code; Phone; and Fax. The 'Password Information' section includes a note on password complexity and fields for Password and Confirm Password. The 'Password Reset Information' section includes a note on security and fields for Last 4-digits of SSN, Security Question (a dropdown menu), and Secret Answer. The 'Review and Accept Terms and Conditions' section includes a text box for acknowledgment and radio buttons for 'No, I Decline' and 'Yes, I Accept'. At the bottom, there is a CAPTCHA image showing the text 'R2R3' and a field to 'Enter text from the image'. A 'Submit Request' button is located at the bottom center. The footer contains links for Privacy, Disclaimer, and Individuals with Disabilities, along with a copyright notice for 2005.

Kentucky.gov | KY Agencies | KY Services

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES

About CHFS | Forms and Documents | Contact Us | Sign In

### Account Request

Please DO NOT SUBMIT if you have already established an account (username and password) with CHFS, KY.

\* indicates a required field.


**Request for Access:**  
Application: \*  Administrator's E-mail: \*

**Account Information:**  
First Name: \*   
Middle Name:   
Last Name: \*   
Date of Birth: \*   
E-mail: \*   
Confirm E-mail: \*   
Address: \*   
City: \*   
State: \*   
Zip Code: \*  Zip 4:   
Phone: \*  Extn.:   
Fax:

**Password Information:**  
Password must meet the minimum complexity requirements: is at least 8 characters; does not contain your first or last name; must contain characters from the following four categories: English uppercase (A through Z); English lowercase (a through z); Numerals (0 through 9); Non-alphabetic characters (@, #, \$, %, ^, +, =).  
Password: \*  Confirm Password: \*

**Password Reset Information:**  
Security information required to verify your identity in case you forget your password. Make sure to remember this information and do not reveal to others.  
Last 4-digits of SSN: \*  Security Question: \*   
Secret Answer: \*

**Review and Accept Terms and Conditions: \***  
This is to acknowledge that I have read and understand the Office of Information Technologies Internet and Application Use Policy and Username/Password Policy. I have been advised and understand that I may be subject to disciplinary action should I not adhere to these policies and procedures.  
☐ No, I Decline. ☐ Yes, I Accept.

 Enter text from the image: \*

Privacy | Disclaimer | Individuals with Disabilities

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Figure 2.1.2 – Account request page

## Select the application

You must first indicate the application you want to access.

To select the application:

1. Click on the **application** drop-down menu.
2. Select KICCSPROV from the menu.

The screenshot shows a web form titled "Account Request". At the top, there is a warning: "Please DO NOT SUBMIT if you have already established an account (username and password) with CHFS, KY." Below this, a red asterisk indicates that fields marked with an asterisk are required. The form is divided into two main sections: "Request for Access" and "Account Information". In the "Request for Access" section, the "Application:" dropdown menu is open, showing a list of options: "Select One", "CCPUNITTEST", "DPP115", "GenTracking", "KPCII", "PCC", and "RMS". The "Account Information" section contains various text boxes for "First Name", "Middle Name", "Last Name", "Date of Birth", "E-mail", "Confirm E-mail", "Address", "City", "State", "Zip Code", "Phone", "Fax", and "Ext.". The "State" dropdown is currently set to "Kentucky".

Figure 2.2.1 – Application drop-down menu

3. Enter the administrator's e-mail address in the **administrator's e-mail** text box:
  - If you are the sole provider who will be working in the portal, or if you will have others that you will be responsible for assigning tasks and attaching CLRS to, enter as the administrator's e-mail Patti.smithglover@ky.gov.
  - If you are requesting an account under your administrator, use the e-mail address associated with your administrator's account. (Please contact your administrator for the e-mail address). **\*Your administrator must have an approved account before you request one.**

**Tip:** If you receive a message that the administrator's e-mail address is not valid, verify with your administrator that he or she has an approved account established. If not, you will have to wait until the administrator's account is approve to request your account.

## Enter account information

You must enter personal demographic information in the account information section.

To enter demographic information:

1. Type the requested information into each required field. Fields marked with a red asterisk (\*) are required. You will not be able to progress through the process if required field information is not provided.

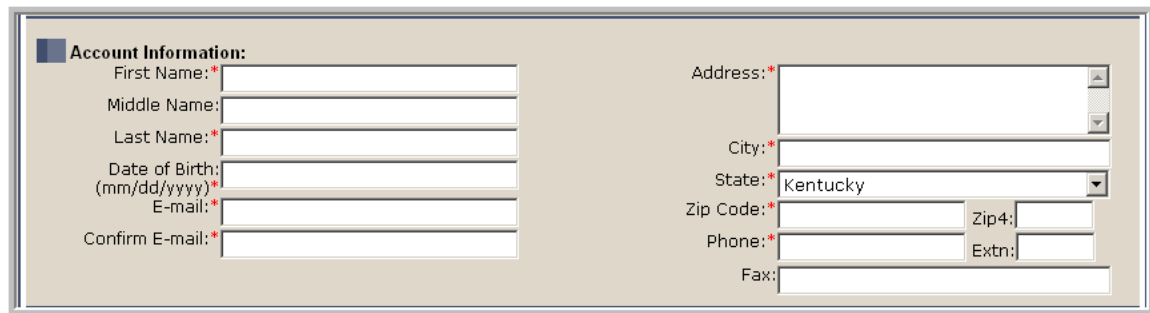
A screenshot of a web form titled "Account Information:". The form is divided into two columns. The left column contains fields for "First Name:", "Middle Name:", "Last Name:", "Date of Birth: (mm/dd/yyyy)", "E-mail:", and "Confirm E-mail:", each followed by a red asterisk indicating it is required. The right column contains fields for "Address:", "City:", "State:" (a dropdown menu currently showing "Kentucky"), "Zip Code:", "Phone:", and "Fax:", each followed by a red asterisk. There are also sub-fields for "Zip 4:" and "Extn:". All fields are empty text boxes.

Figure 2.3.1 – account information

2. Verify that all information is entered correctly. Incorrect information can be corrected later using the update account process. See **updating account information** for further information.

## Select a password

You must select a password to use for access to the security portal. Your **user name** will be assigned to you automatically when the account is approved and you will be notified of the user name by e-mail. **Be sure to print or save this e-mail.**

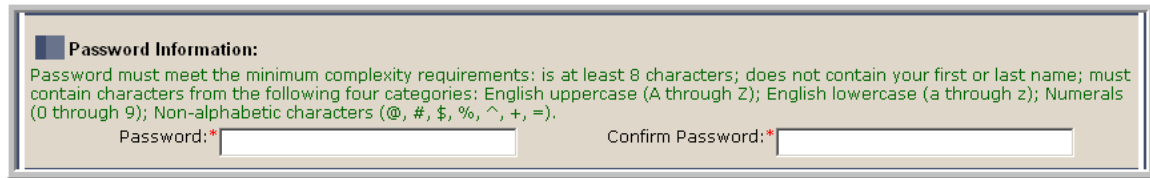
To conform to CHFS password security policy, passwords must:

- Meet minimum complexity requirements
- Be at least **eight** characters in length
- Not contain the user's first or last **name**
- Contain characters from:
  - English uppercase;
  - English lowercase;
  - Numerals; and
  - One of more of the following non-alphabetic characters:  
@ # \$ % ^ + =

Secure password example: Ky2Smith%

To select a password:

1. Review the password policy for password requirements.
2. Enter selected password into **password** text box.



**Password Information:**

Password must meet the minimum complexity requirements: is at least 8 characters; does not contain your first or last name; must contain characters from the following four categories: English uppercase (A through Z); English lowercase (a through z); Numerals (0 through 9); Non-alphabetic characters (@, #, \$, %, ^, +, =).

Password: \*

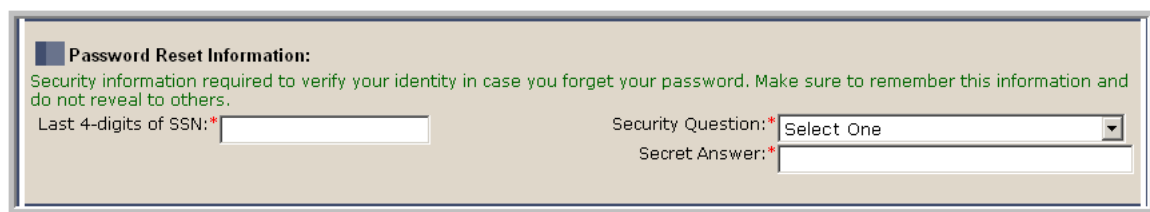
Confirm Password: \*

Figure 2.4.1 – Password information section

3. Confirm the password by retyping it in the **confirm password** text box.

## Complete security information

Security information is used to verify your account if you forget your password. When you successfully answer the security questions, your password can be reset.



**Password Reset Information:**

Security information required to verify your identity in case you forget your password. Make sure to remember this information and do not reveal to others.

Last 4-digits of SSN: \*

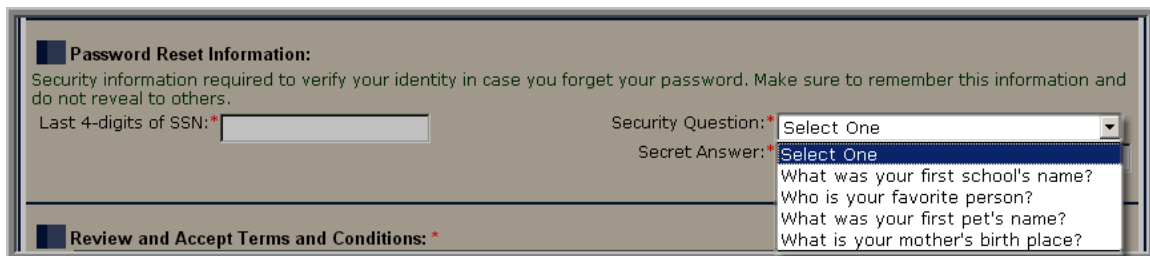
Security Question: \*

Secret Answer: \*

Figure 2.5.1 – Password reset information

To complete the security information:

1. Enter the last four digits of your Social Security number in the text box labeled **Last 4-digits of SSN**.
2. Select the desired security question from the **security question** drop-down menu.



**Password Reset Information:**

Security information required to verify your identity in case you forget your password. Make sure to remember this information and do not reveal to others.

Last 4-digits of SSN: \*

Security Question: \*

Secret Answer: \*

**Review and Accept Terms and Conditions: \***

Figure 2.5.1 – Security question drop-down menu

3. Enter the answer to the security question in the **secret answer** text box.

## Accept terms and conditions

You must accept the Office of Information Technologies Internet and application use policy and username/password policy.

To accept:

1. Click the **Yes, I accept** radio button.

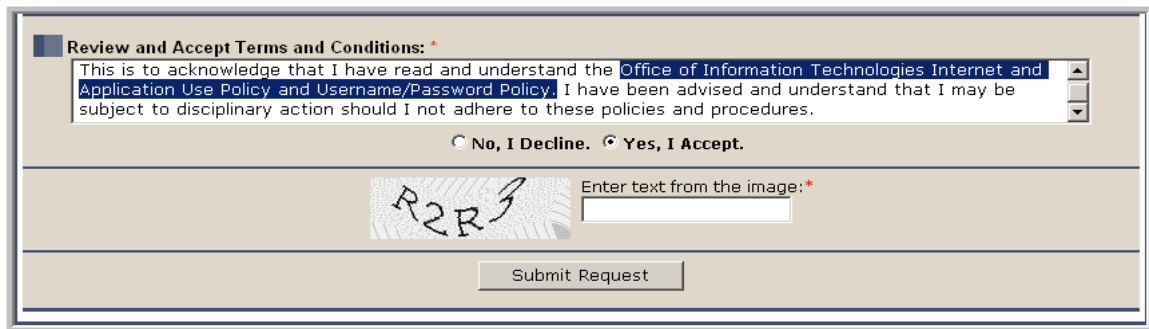



Figure 2.6.1 – Accept terms and conditions

2. Enter the security text from the image into the text box.
3. Click the **submit request** button .

## Account request confirmation

You will receive an e-mail with a request number confirming your account request.

**Important: Please print and save this e-mail.** To inquire about your account request, you will need to provide the **request number** at this stage of the approval process.

## Required documentation and verification

The following forms and verification are required to approve your account request.

- Kentucky Integrated Child Care Systems Provider Portal request form. **Be sure to write in your request number on the form.**
- A copy of your valid driver's license

Immediately after submitting your request for an account, fax these documents to the Division of Child Care, Attn: Provider Portal Administrator, at (502) 564-3464. You also may scan your documents and e-mail them to [portal.access@ky.gov](mailto:portal.access@ky.gov). In the subject line of your e-mail, please type **New account request** and your CLR number.



## **Account approval confirmation**

You will receive a second e-mail confirming approval or denial of your account. This e-mail will contain your user name. To access the provider portal, you will need this user name and the password you created in the steps above.

**Write down your user name and your password in a secure location.**

Once you've received your account approval confirmation, you are ready to access the KICCS Provider Portal.

If you are the sole administrator for your center or home, the Division of Child Care staff will already have assigned your tasks/permissions and the CLRS you can access.

If you requested an account using your local administrator, your local administrator will need to give you the appropriate permissions and assign the appropriate CLRS to you before you can actually perform tasks using the provider portal.